EXHIBIT 9

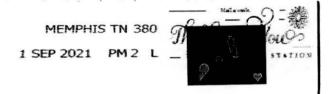
SEP 29 2021

Participant must provide all of the information below in English: PRIME CLERK LLC

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	CAymend NE Gron Mc Idonado
Participant's Address: HC	4 Box 4148-Les PiedrAs, P. R. 00771
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number: (630 r PACISID: 966 Nature of Claim: de n By: 2 ay moduce Signature Print Name	Januardo pendiante de etende
Title (if Participant is $22/8/2/$ Date	not an individual) NO Al description NO es pension NO es pension no

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



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P. O. BOX 4708

NEW YORK, NY 10163-4708

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Case:17-03283-LTS Doc#:18528-9 Filed:10/17/21 Entered:10/17/21 08:54:13 Desc: Exhibit 9 - Raymond Negron Maldonado Page 4 of 13

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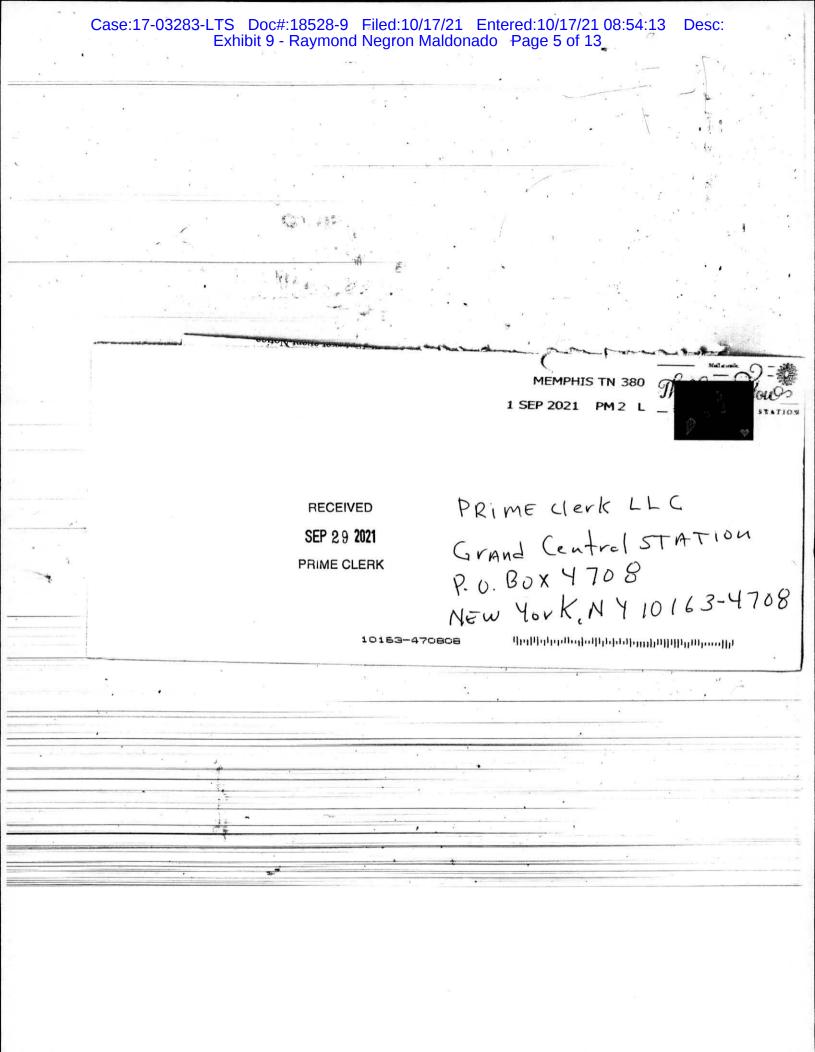
Participant must provide all of the information below in English:

PRIME CLERK LLC

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: KAymond NEGRON Mc Idonodo
Participant's Address: HG Y Box 4148 Las Piedras, P. R. 00771
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: PR 18455 RF 55176 PACK 1D: 259844 MML1D: 358037-PSVC: MM-PC
Nature of Claim: Demanda por Sclario minmo y discri men politico
By: Roymad meg vir meldonds Signature Raymond MEG Ron Moldone do una genedie y
atro en proc
Title (if Participant is not an individual) Por fevor
Date No reducción a mi retiro
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Participant must provide all of the information below in English:

PRIME CLERK

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: RAYMUND NEGRON MAldonado
Participant's Name: RAYMUND NEGRON MAldonedo Participant's Address: HC-Y Box YIYB-Las Piedras, P.R. 60771
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: PRIBYS SRF55176 PACISID: 25 9815 mm CID: 1555198-P-SVC-MMI. PVC Claim Number: Nature of Claim: By: Raymord Lugrin Me Honodo Signature Raymord NEGRO n Maldonedo Paguan la dente
RAJ mond NEGRÓ n ma Idonedo Pegnan le dent
Print Name Title (if Participant is not an individual) 22/8/21 Date Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
Title (if Participant is not an individual)
Date pension de retiro es
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
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RAYMOND NEGRONMAldonedo Ite-4 Box 4148 Les Predras, P. R. 00771-9608

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Participant must provide all of the information below in English:

PRIME CLERK

Participant's contact information, including email address, and that of its counsel, if anv: RAYMOND NEGRON Meldonedo HC-Y-BOX Y148 Las Piedras, P. R.OOTZI Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: PR19455RF 55176 Pack 10:367165 MMC10:1138922-P Claim Number: Nature of Claim: Saloriominimo tederal RAYmend NEGRON Moldehod. Title (if Participant is not an individual)

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RAYMOND NEGRONMALDONEDO Iter 4 BOX 4148 Les PredrAIP. R. 00771-9608 MEMPHIS TN 380 9 (100)

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Participant must provide all of the information below in English:

SEP 29 2021

1. Participant's contact information, including email address, and that of the FRK if any:

Participant's Name: RAYMONDANEG Nou MA/Junedo
Participant's Address: HC-4 BOX 4148-Las Pidras P. N. 00771
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: PR184558F55593 PACKID: 367182 mm (10:1138922-P-SVC: CHN-P C Claim Number:
Nature of Claim: 5 clevid minimo federal y de manda por
By: Ray mad Magrin Molderedo discrimen politico
Rnymord NEGnon Maldonado Print Name Print Name
Title (if Participant is not an individual) 22/9/2 Wo el des curento e n. pension de vetivo
Date es mi derecho

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Raymond NEGRONMAldonedo 1tc-4 Box 4148 Les Predras, P. R. 00771-9608

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Case:17-03283-LTS Doc#:18528-9 Filed:10/17/21 Entered:10/17/21 08:54:13 Desc.
Exhibit 9 - Raymond Negron Maldonado Page 12 of 13 RECEIVED

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Participant must provide all of the information below in English:

PRIME CLERK LLC

Participant's contact information, including email address, and that of its counsel, 1. if any: Participant's Name: RAYMOND NEGNON MALDONODO

Participant's Address: HC- Y-Box 4148-Les Piedras, P. R. DO771 Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: ETALS VEIA KPE 2005-0608
NI I JAA 9 USTI VS DEPARTAMENTO de la FAMI / La Nature of Claim: demande sa la vio minimo federa!

By:Raymod Man Moldonado pendiente de completor

Signature Raymond NGG Rón Maldonado
Print Name pur teror paquen la dende Title (if Participant is not an individual) PR PACK (DZ59843 MMID:1420807-P-SVC-MMI

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